

HERITAGE SQUARE HEALTHCARE CENTER

5404 WEST LOOMIS ROAD

GREENDALE 53129 Phone: (414) 421-0088

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 100

Total Licensed Bed Capacity (12/31/03): 100

Number of Residents on 12/31/03: 88

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? No

Average Daily Census: 84

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		13.6
Supp. Home Care-Personal Care	No					1 - 4 Years		9.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.8	More Than 4 Years		1.1
Day Services	No	Mental Illness (Org./Psy)	6.8	65 - 74	10.2			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	61.4			23.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	19.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	2.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	6.8		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	14.8		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.0	65 & Over	93.2	-----		
Transportation	No	Cerebrovascular	10.2		-----	RNs		14.9
Referral Service	No	Diabetes	5.7	Gender	%	LPNs		9.1
Other Services	Yes	Respiratory	10.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.4	Male	39.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	60.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Skilled Care	61	100.0	266	0	0.0	0	0	0.0	0	17	100.0	202	0	0.0	0	10	100.0	333	88	100.0	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	61	100.0		0	0.0		0	0.0		17	100.0		0	0.0		10	100.0		88	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	2.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	1.3	Bathing	3.4	69.3	27.3	88
Other Nursing Homes	0.7	Dressing	6.8	63.6	29.5	88
Acute Care Hospitals	94.9	Transferring	6.8	67.0	26.1	88
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	5.7	64.8	29.5	88
Rehabilitation Hospitals	0.0	Eating	51.1	31.8	17.0	88
Other Locations	0.4	*****				
Total Number of Admissions	939	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	17.0	Receiving Respiratory Care		8.0
Private Home/No Home Health	14.2	Occ/Freq. Incontinent of Bladder	34.1	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	44.5	Occ/Freq. Incontinent of Bowel	31.8	Receiving Suctioning		0.0
Other Nursing Homes	4.9			Receiving Ostomy Care		1.1
Acute Care Hospitals	23.4	Mobility		Receiving Tube Feeding		3.4
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.1	Receiving Mechanically Altered Diets		19.3
Rehabilitation Hospitals	0.0					
Other Locations	7.1	Skin Care		Other Resident Characteristics		
Deaths	5.9	With Pressure Sores	8.0	Have Advance Directives		44.3
Total Number of Discharges		With Rashes	6.8	Medications		
(Including Deaths)	935			Receiving Psychoactive Drugs		40.9

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	84.0	84.7	0.99	87.0	0.97	86.6	0.97	87.4	0.96
Current Residents from In-County	87.5	81.8	1.07	86.4	1.01	84.5	1.04	76.7	1.14
Admissions from In-County, Still Residing	7.5	17.7	0.42	18.9	0.39	20.3	0.37	19.6	0.38
Admissions/Average Daily Census	1117.9	178.7	6.26	166.7	6.70	157.3	7.11	141.3	7.91
Discharges/Average Daily Census	1113.1	180.9	6.15	170.6	6.52	159.9	6.96	142.5	7.81
Discharges To Private Residence/Average Daily Census	653.6	74.3	8.79	69.1	9.46	60.3	10.85	61.6	10.61
Residents Receiving Skilled Care	100	93.6	1.07	94.6	1.06	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	93.2	84.8	1.10	91.3	1.02	90.8	1.03	87.8	1.06
Title 19 (Medicaid) Funded Residents	0.0	64.1	0.00	58.7	0.00	58.2	0.00	65.9	0.00
Private Pay Funded Residents	19.3	13.4	1.44	22.4	0.86	23.4	0.83	21.0	0.92
Developmentally Disabled Residents	0.0	1.1	0.00	1.0	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	6.8	32.2	0.21	34.3	0.20	33.5	0.20	33.6	0.20
General Medical Service Residents	28.4	20.8	1.37	21.0	1.35	21.4	1.33	20.6	1.38
Impaired ADL (Mean)	55.9	51.8	1.08	53.1	1.05	51.8	1.08	49.4	1.13
Psychological Problems	40.9	59.4	0.69	60.0	0.68	60.6	0.67	57.4	0.71
Nursing Care Required (Mean)	5.8	7.4	0.79	7.2	0.81	7.3	0.80	7.3	0.79